

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

09

10

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		285970.34
(b) Cash on Hand at Beginning of Reporting Period	258264.77	
(c) Total Receipts (from Line 19)	12160.00	174347.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	270424.77	460317.34
7. Total Disbursements (from Line 31)	12708.75	202601.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	257716.02	257716.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11750.00	150932.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	410.00	21415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	12160.00	172347.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	12160.00	174347.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12160.00	174347.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12160.00	174347.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	208.75	4601.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	208.75	4601.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	198000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12708.75	202601.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12708.75	202601.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12160.00	174347.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12160.00	174347.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	208.75	4601.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	208.75	4601.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roy B. Blumenstrauch

Mailing Address 1305 Ozone Ave

City

Santa Monica

State

CA

Zip Code

90405-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Group of South

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: eaa4018bdeee5554bde

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Raymond L. Cornelison

Mailing Address 1716 Elmhurst Ave

City

Nichols Hills

State

OK

Zip Code

73120-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 788b2ffcca6a03bf0c2

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Rachel S. Reina

Mailing Address 660 Silverthorne Ln

City

Covington

State

LA

Zip Code

70433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baldone Reina Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: c2930ef8352f3015195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Phoebe Rich

Mailing Address Ste 200

2565 NW Lovejoy St

City

Portland

State

OR

Zip Code

97210-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Dermatology & Research Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: C4D0F3E7-40D7-4A22-

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Peter W. Simoneaux

Mailing Address 160 Lochmere Dr

City

Mandeville

State

LA

Zip Code

70471-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 06a368a16d6dce8912a

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Ave

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 78a5da54c62ec16aecd

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

11750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: V74560-7302667498588 Date of Disbursement <div> <div>08</div> <div>01</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>146.50</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement Visa/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V74560-1056787371635 Date of Disbursement <div> <div>08</div> <div>04</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>32.25</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VC/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V74560-6592981219291 Date of Disbursement <div> <div>08</div> <div>04</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

208.75

TOTAL This Period (last page this line number only)

208.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Coleman for Senate 08	Transaction ID: 80900-0910913348197 Date of Disbursement																				
Mailing Address 680 Transfer Road Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City St Paul State MN Zip Code 55114	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Norm Coleman	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Higgins for Congress	Transaction ID: 05440-0865899920463 Date of Disbursement																				
Mailing Address PO Box 28	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Brian M. Higgins	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	Transaction ID: 05440-3438836932182 Date of Disbursement																				
Mailing Address 205 N Main St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Kurt Schrader	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mary's Political Action Committee	Transaction ID: 05440-7578088641166 Date of Disbursement
Mailing Address 1155 21st Street NW Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name <div> <div>011</div> <div>Category/Type</div> </div>	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 32830-1073572039604 Date of Disbursement
Mailing Address PO Box 2334	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Michael C. Burgess <div> <div>011</div> <div>Category/Type</div> </div>	<div>2500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 80900-0122033953666 Date of Disbursement
Mailing Address PO Box 8666	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Ben Nelson <div> <div>011</div> <div>Category/Type</div> </div>	<div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>6000.00</div>
TOTAL This Period (last page this line number only)	<div>12500.00</div>

Image# 28932882787

Form/Schedule: **F3X**

Transaction ID:
